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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/010,742 11/30/2001
 which is a CIP of 09/910,689 07/20/2001 ABN
 which is a CIP of 09/778,320 02/06/2001 *ABN*
 which is a CIP of 09/571,025 05/15/2000 ABN
 which is a CIP of 09/545,068 04/07/2000 ABN
 which is a CIP of 09/523,586 03/10/2000 ABN
 which is a CIP of 09/510,662 02/22/2000 ABN
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**** FOREIGN APPLICATIONS *******

none TS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>C. S. Strella</i> <i>TS</i> Examiner's Signature Initials	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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TITLE
 Compositions and methods for the therapy and diagnosis of breast cancer

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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